DEPARTMENT OF HEALTH AND HUMAN SERVICES OTC 12/10/11
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445108	A. BUILDING _____ B. WING _____	C 10/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to maintain a complete and accurate medical record by documenting bowel movements and the effectiveness of medications administered for constipation for one (#3) of six reisdents reviewed. The findings included: Resident #3 was admitted to the facility on August 22, 2011, with diagnoses including Atrial Fibrillation, Atherosclerotic Cardiovascular Disease, Congestive Heart Failure, Hypertension, Gastroesophageal Reflux Disease, Osteoarthritis, and Dementia. Review of the Minimum Data Set dated August 22, 2011, revealed the resident had a BIMS (Brief Interview for Mental Status) score of 15/15	F 514	Resident # 3 discharged from NHC HealthCare Murfreesboro on 9/26/2011. Overseen by the Director of Nursing a comprehensive medical record review for documentation of effectiveness of PRN medications will be completed by 11/9/11. Overseen by the Director of Nursing in-services for Licensed nurses on documentation of effectiveness of PRN documentation will be conducted on 11/8/11 and QA studies will be initiated by the DON and unit managers and presented to the QA committee that consists of the Medical Director, Associate Medical Director, Administrator, Director of Nursing, Health Information Manager and other department heads. The QA committee will review the information and make recommendation for on-going improvement. The study will be conducted monthly for 3 months and then continued as recommended by the committee	11/15/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lynn Foster	Administrator	11/7/11

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 514	Continued From page 1 indicating the resident as alert and oriented; required assistance with transfers and activities of daily living; was incontinent of bowel and bladder; was on a low sodium 2000 ml (milliliters) per day fluid restriction; and used a wheelchair for ambulation. Medical record review revealed no documentation of the resident's bowel movements either on the Intake-Output Record or in the nursing notes. Review of the Medication Admission Record (MAR) dated August 22, 2011 through August 31, 2011, revealed the resident received Bisacodyl tablets 5 mg (milligrams on August 29, 2011. Continued review of the MAR dated September 1, 2011 through September 30, 2011, revealed the resident received Bisacodyl 5 mg on September 11, 12, and 19, 2011. Further review of the MAR revealed the resident was started on Colace (stool softener) 100 mg each evening on September 13, 2011. Medical record review revealed no documentation of the effectiveness of the Bisacodyl. Further medical record review revealed an x-ray of the kidneys/ureters/bladder was performed on September 12, 2011, and showed evidence of fecal impaction. Review of physician's orders dated September 12, 2011, revealed the resident was ordered Colace 100 mg, one tablet orally each evening for constipation. Interview with the DON on October 26, 2011, at 1:15 p.m., in the conference room, revealed the CNA (Certified Nursing Assistants) have a paper that they write down when residents have a bowel movement. Continued interview revealed this	F 514		

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F 514	Continued From page 2 form is kept for five days usually then is shredded. Continued interview revealed there is no actual documentation in the resident's record of date, time, size, or quality of bowel movement. C/O #28770	F 514		